



**College of Human Sciences**  
**SUPPLEMENTAL FUNDING REQUEST FORM**

Date: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_

Amount of Request: \_\_\_\_\_ Home Department: \_\_\_\_\_

Briefly describe this resource request, include dates needed and length of project (*attach proposal if preferred*):

Briefly describe the total budget need and how the resources will be used (*attach budget if preferred*):

Department contribution: \$ \_\_\_\_\_  
(IF APPLICABLE)

Faculty contribution: \$ \_\_\_\_\_  
(IF APPLICABLE – EXAMPLE: F&A return, startup, or other supplemental funding available to the faculty member)

Has this effort been funded in the past?      YES      NO

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chair/School Director

\_\_\_\_\_  
Date